FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name 736325

(2)

BOYNTON BEACH JEWISH CENTER BETH KODESH, INC.

501 NE 26TH AVE **BOYNTON BCH FL 33435**

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Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

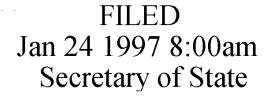
Suite, Apt. #, etc.

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501 NE 26TH AVE BOYNTON BCH FL 33435-2168



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3a. Date of Last Report 01/31/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

Date Incorporated or Qualified 07/08/1976

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number 59-1680041

Zıp		Country	Zip	Cor	intry		This corporation has liability for intangible tax under s. 199.032,		
24		25	29	30			Florida Statutes		
	9, Name	and Address of Current I	Registered Agent		<u> </u>	 	10. Name and Address of New Registered Agent		
					81	Name			
JACK SI	EGEL				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
10069 B	ANDREA I	LANE			83				
BOYNTON BCH, FL									
BOYNTON BEACH FL 33437						City	85 Zip Code		
						City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE The printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating)									
12.	Signature, lyped	OFFICERS AND I		E Registere	d Age	nt signature re	equired when reinstating) DATE ADDITIONS COLLANDES TO OFFICE DO AND DIPLOTORS IN 10		
1:TLE	PD	OFFICERS AND I	DELETE	1.1 T(TIE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
NAME	. —	S, GEORGE	LJ biccit	1.1 N			Change L Adollion		
STREET ADDRESS		PING ROCK DRIVE				ADDRESS			
CITY-ST-ZIP		ON BEACH FL							
TITLE	VPD	AN DENOTITE	DELETE	2.1 10	TY-S	1-2112	☐ Change ☐ Addition		
NAME		SON, JOE	La vaccia	2.2 NAME		1	Culture C volument		
STREET ADDRESS		SON, SOL		•		ADDRESS			
CITY-ST-ZIP		ON BEACH FL		2.40					
TITLE	VPD	ON DESCRIPTE	DELETE	3.1 TI		11-211	Change Addition		
NAME		AN, IRWIN	—	3.2 N		1	C. Change C. Madridi		
STREET ADDRESS		26TH AVENUE, # 104		4		ADDRESS			
CITY-ST-ZIP		N BEACH FL		3.4. C		1			
TITLE	TD	ON DESCRIPTE	DELETE	4,1 TI		11-21	Change Addition		
NAME	SIEGEL,	JACK		4.2 N		1			
STREET ADDRESS		ANDREA LANE				ADDRESS			
CITY-ST-ZIP		N BEACH FL		4.4 Ci					
TITLE	SD	71. 52.10.11.0	DELETE	5.1 TI			☐ Change ☐ Addition		
NAME	KASS, W	VILMA		5.2 N/		1			
STREET ADDRESS	•	OOKVIEW DRIVE				ADDRESS			
CITY-ST-ZIP		N BEACH FL		5.4 Ci					
TITLE			DELETE	6.1 TI			Change Addition		
NAME				6.2 NA	AME	}			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				6.4 CI		i J			
14. I do hereby certify that the information supplied with this filling does not qualify for the everyotion stated in Section 119 07(2VI). Florida Statutes I turber conflict that									
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.									